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To: Examiner A.K. Alanko
Art Unit 1765

U.S. Patent and Trademark Office
Mail Stop Amendment

Fax Number:
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Tel Number:

From: Lawrence J. McClure
Date: September 27, 2006
Time:
Total number of pages incl. cover page: 11

For internal purposes only:
Client number: 81872.0052
Attorney billing number: 1966
Confirmation number:

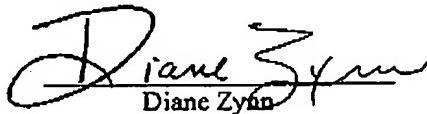
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RE: U.S. Patent Application Serial No.: 10/650,504; Our Ref. 81872.0052
I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

- are being facsimile transmitted to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 27, 2006



Diane Zyman
Diane Zyman

Sep-27-2006 17:58 From:Hogan&Hartson

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T-259 P.002/011 F-658

FORM PTO-1083

SEP 27 2006

Attorney Docket No. 81872.0052

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yosuke INOMATA, et al.

Serial No: 10/650,504

Confirmation No.: 6973

Filed: August 27, 2003

For: DRY ETCHING APPARATUS, DRY ETCHING
METHOD, AND PLATE AND TRAY USED THEREIN

Art Unit: 1765

Examiner: A. K. Alanko

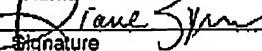
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Commissioner for Patents
P.O. Box 1450
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September 27, 2006

Date of Deposit

Diane Zynn

Name

 09/27/06
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

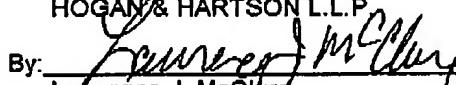
The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	4	-	23	--	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	2	-	7	--	LG=\$200 SM=\$100	\$ [FEE]
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
Independent Claims: 13 and 20					TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge the fee of \$ _____ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Please charge the fee of \$ _____ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Dated: September 27, 2006

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Appl. No. 10/650,504
 Amdt. Dated September 27, 2006
 Reply to Office Action of June 28, 2006

Attorney Docket No. 81872.0052
 Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Yosuke INOMATA, et al.
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 AND TRAY USED THEREIN

Art Unit: 1765
 Examiner: A.K. Alanko

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September 27, 2006
Date of Deposit

Diane Zynn

Name

Diane Zynn

09/27/06
 Date

AMENDMENT

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 28, 2006, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.